generations of nurses. We sow the seed so that they may reap. This is a privilege which we should appreciate, and it is a duty which we cannot escape—if we would.

One of the leading educationalists of the day states that "the nineteenth century has given a wholly unprecedented recognition to the fact that the principal work of each generation is the training of the next—not merely the transmission of the world's ever increasing store of knowledge, but chiefly the development of power and capacity in the individual, so that the new generation may be clearly wiser and better than the old."

As women of the nineteenth century, if we wish to do women's work in the world we must listen to this edict. As nurses who are graduates of schools struggling to be recognized as educational institutions, we cannot afford to do otherwise than be guided by the voice of the representative educationalists.

With us, both as women and as nurses, there are opportunities for good to ourselves and to others which are almost unequalled in any other body of individuals. All we have to do is to seize these opportunities and to use them judiciously.

If we will it, this organization, starting in a small way, may send forth influences which will be far reaching, which will accomplish much for the nurse and the woman.

OBSTETRICAL EMERGENCIES

By HENRY D. FRY, M.D.

(Concluded)

The treatment of hemorrhage occurring before or during labor differs from the treatment when occurring subsequent to it.

Hemorrhage may take place at any of the months of pregnancy. It may be profuse and threaten the life of the woman or destroy the product of conception. Severe bleeding in the early months of gestation is usually followed by abortion or miscarriage. Occurring in the latter months, it may be due to the insertion of the placenta near the mouth of the womb.

The treatment of either emergency is the same, viz., to prevent the loss of blood by mechanically plugging the vagina. Every care in aseptic detail should be observed.

The best material for the tampon is sterilized gauze. This may

be inserted with a dressing forceps and thoroughly packed through a speculum around the cervix and filling the vagina to the vulva. A compress at the vulva and T bandage will complete the dressing. Should the nurse happen to be without the necessary instruments, the gauze can be introduced by placing the patient in the dorsal position with limbs flexed; separate the labiæ with the thumb and forefinger of the left hand and push the gauze into the vagina with the fore and middle fingers of the right hand. Or, better still, place the patient in Sims's position, retract the perineum with one or two fingers of the left hand, and insert the gauze with the other hand. Hemorrhage occurring during labor may be treated temporarily in the same manner.

But it is to hemorrhage after labor that the first importance must be given. The tampon here is useless and should not be employed as recommended in the treatment of bleeding before and during labor. It is possible to prevent the escape of blood mechanically, but the uterus being emptied, the bleeding may go on behind the tampon and produce a fatal result without the escape of a drop of blood externally.

These hemorrhages may be internal or concealed and external. To control either, the object of treatment must be directed to secure firm retraction of the uterus. The earlier the complication is recognized and treatment begun, the better the results. The pulse is the best index of danger. Examine frequently the pulse of the recently delivered woman, and the first evidence of hemorrhage will be an acceleration of the pulse. Examine the dressings, remove the binder, and grasp the fundus of the uterus. Massage the uterus, apply cracked ice, and give ergot. If the case does not respond to this treatment, give a vaginal douche of hot sterilized water. The temperature of the water should be one hundred and twenty degrees.

Begun promptly, it is seldom that further treatment is demanded, but should hemorrhage persist, the nurse should then insert the aseptic fingers or hand into the vagina and remove all clots. If forced to do so, she will be justified in inserting the hand into the uterus to clean it out and excite contractions by that means and external manipulation combined.

Another valuable remedy is the intra-uterine douche of hot sterilized water.

After having checked the bleeding, the next duty is to use certain general remedies to relieve the symptoms induced by the loss of blood from the system. Lower the patient's head and elevate the foot of the bed. Apply heat externally by the hot water bag or bottles. If the patient is not nauseated, give stimulants, whiskey or champagne, by the mouth.

In severe cases administer hypodermic injections of strychnine, nitroglycerin, or ether. To relieve restlessness, sighing, and shortness of breath, morphia, one-eighth of a grain, with a corresponding dose of atropia by hypodermic injection.

The best means to relieve the effects of the loss of blood is by the administration of the normal salt solution. This is preferably given by subcutaneous injection, but if the necessary apparatus is not at hand, one pint or one quart of warm salt solution may be given by high enema.

An emergency which frequently comes to the obstetric nurse is the occurrence of the birth of the infant during the absence of the attending physician. Under these circumstances, indecision or nervousness on her part brings demoralization to the household. A clear knowledge of her duties and a self-confidence in her own ability to rise equal to the occasion will bring gratitude from all concerned.

The indications to be met are:

First, the preservation of the soft parts of the mother;

Second, to secure firm contraction of the uterus;

Third, the delivery of the placenta, and,

Fourth, to secure the welfare of the infant.

First, the preservation of the soft parts of the mother refers to the prevention by limitation of laceration of the perineum during the exit of the infant. In over nine-tenths of all cases the head of the infant is born first, and the back of the head nearly always comes out immediately under the symphysis. Its expulsion is accomplished by the extension of the head; then following, eyes, nose, mouth, and chin successively pass through the distended opening. The prevention or limitation of the tearing of the soft parts is accomplished by forcibly preventing extension by pressure of the fingers on the occiput of the child. Also an important point is never to permit the birth of the head during the height of a pain, letting it come out as the pain is receding. The woman can be placed in the dorsal or left lateral position during these manipulations.

The English or left lateral position is preferable, as the parts are more readily exposed and necessary attention can be given more readily. Immediately after the expulsion of the head the nurse should pass one or two fingers up alongside of the neck of the infant to ascertain whether or no the cord is coiled around it. If so, she must draw down a loop and pass it over the child's head as many times as it is coiled round the neck. If impossible to do this, the cord must be cut, both ends secured, and the child delivered as soon as possible.

During the expulsion of the baby a very important duty is to grasp the fundus of the uterus and follow it down as it contracts. During the

subsequent steps the hand of the nurse or sòmeone who can render assistance should be kept constantly applied to the uterus until all danger of hemorrhage is passed, and the mother has been washed, soiled bedding removed, and bandages are ready to be applied. By following out these rules we accomplish the second of these indications, to secure the firm contraction of the uterus. It is recommended, unless some reason exist against it, not to sever the cord until after the pulsations have ceased. Two ligatures are usually applied, the first about an inch and a half from the child's abdomen, the second one a little higher up, and the cord cut between them. The infant is now carried to a place of safety, warmly wrapped up, and made to lie on its right side. The nurse's attention must now be given to the mother.

It is well to rest awhile before attempting the third indication, the delivery of the placenta. Let the patient lie on her back with her limbs extended, and someone should sit at her side and gently rub the fundus of the uterus. If there should be no bleeding, the nurse may delay the attempt to deliver the placenta until the arrival of the physician, unless he be unduly detained. After a delay, varying from ten to thirty minutes, uterine contractions recur, and the placenta is then easily separated, and with a little assistance expelled. Never make an effort to deliver the afterbirth except during these contractions. Pressure and squeezing the uterus alone or combined with gentle traction on the cord will generally accomplish the result after a few trials. As the placenta is escaping from the vulva it should be caught by the nurse's hand and rotated a number of times in order to twist the membranes into a cord. It must be permitted to escape very slowly to prevent tearing and the tension of the sac. After this has been accomplished the patient should be allowed to rest before being cleaned and dressed. She should lie quietly in the dorsal position with her limbs extended, and friction should be kept upon the fundus of the uterus until it has firmly contracted and feels like a hard ball.

Finally, the last indication is to look after the welfare of the infant. First and most important is to see that respiration is established; the eyes should be washed out with boric acid solution, the mouth cleansed of mucus, and if the infant does not promptly begin to breathe it should be slapped with the hand or with the end of a towel wet in cold water. If it does not respond to this simple treatment, a bath of alternately hot and cold water or some form of artificial respiration may be resorted to. More confidence is placed in a hypodermic injection of whiskey or strychnine. Fifteen minims of whiskey may be injected, half into each shoulder; in a short time the color of the child will be changed to bright red, pulsations of the heart will be visibly increased, and usually respiration is quickly established. The strychnine may be given by the same method

in a dose of one two-hundredth of a grain, provided the infant is of full size and development; on a premature or delicate infant this amount may produce toxic effects. Efforts to resuscitate the infant should not be discontinued as long as any apex beat of the heart is visible or can be detected by sound or touch.

FORCED WATER IN CONNECTION WITH THE PREPARATION OF A PATIENT FOR GYNÆCOLOGICAL OPERATION *

By LOUELLA B. WARREN

A PATIENT who is put on the list for gynæcological operation undergoes the following form of treatment for three days at least before the operation:

Forced water.
Diuretics.
Intestinal antiseptics.
Active catharsis.
Light diet.
Daily baths.

Forced Water.—A pitcher of water is placed at the bedside, the patient being urged to drink all she possibly can. The large amount of water taken into the system not only flushes the kidneys, but it lessens the thirst of the patient after operation.

Diuretics.—Lithia carbonate, ten grains three times a day, is given in connection with the water. It serves to get the kidneys, or first excretory organ, into good working order. Lithia carbonate sometimes nauseates, and in those cases potassium citrate, twenty grains four times a day, is given.

Intestinal Antiseptics.—Salol, five grains four times a day, is also given, and this, with active catharsis, serves to get the second excretory organ into good working order. Benzo-beta naphthol, ten grains, has been given as the intestinal antiseptic, but, on account of its tendency to nauseate, salol has been substituted.

Active Catharsis.—All gynæcological patients are supposed to have two movements daily. The operative cases are given some cathartic, generally solution salts, one ounce three times a day if necessary until

* Read and discussed in the Boston City Hospital Nurses' Club.